

INFORMATION SHEET: FOREIGN TRAVEL

A successful and enjoyable foreign travel trip requires thoughtful planning. To help you with this, the Lord Fairfax Health District provides foreign travel guidance and immunizations by appointment at two of our district locations:

Clarke County Health Department
100 North Buckmarsh Street
Berryville, VA 22611
540-955-1033
Fax: 540-955-4094

**Shenandoah County Health
Department**
494 North Main Street Suite 100
Woodstock, VA 22664
540-459-3733
Fax: 540-459-8267

Other providers also perform this service and a list of alternative sites and immunization centers is available upon request.

We ask that you complete the following: the attached travel destination information sheet and traveler's medical history sheet and return both of them, along with a copy of your itinerary and your current immunization record, to us as soon as possible. We also request a copy of your insurance card so we can determine your insurance coverage. **Please note that if your insurance does not provide coverage for these services, you will need to pay for the services on the day of your appointment.** Upon receipt of these items, we will contact you to schedule your appointment.

Our fees cover face-to-face consultation with a clinician, advice on required and suggested immunizations, malaria prophylaxis, and other measures relative to disease prevention. We also charge for the cost of the vaccination materials and administration.

After your initial consultation, we will order recommended immunizations for you. Vaccines in stock will be given that day. Certain vaccines require more than one visit to the Health Department. Prescriptions for malaria prophylaxis will be provided, as well as other medications specific to your overseas travel destinations when indicated.

Two other sources of information relative to foreign travel may include your private physician as well as Center for Disease Control and Prevention automated traveler's hotline which is operational 24 hours each day at 1-800-232-4636 or internet access at www.cdc.gov/travel.

Thank You

Enclosures: Travel Destination Information
Travel's Medical History

Date Contacted:

Date Mailed:

Travel Destination Information

Dear Client:

The Health Department is pleased to assist you in your overseas travel. In order for us to appropriately advise you, the following information is provided. It is to your advantage to meet with our staff **at least six weeks** prior to departure, **preferably 8-12** weeks so that vaccinations, boosters, and medication can be scheduled at appropriate times. Prior to our meeting with you we request the following information:

Name: Date of Birth:
Last, First, Middle Initial Month/Day/Year

Address:
Street/PO Box City State Zip Code

Primary Telephone:

Secondary Telephone:

Email Address:

Please provide the specific areas or towns or cities within the country(s) you are traveling to so that staff may determine what possible disease prevention we recommend. Please be sure to include any places you may fly into even if it's for a short period of time. (Add additional pages if needed)

What are your travel dates?

How long will you be in each country?

Will you be visiting/working in rural or remote settings?

What is the purpose of your trip?

TRAVELER'S MEDICAL HISTORY:

Name: Date Completed:

Medical Problems:

Present Medications:

Allergies to any Medications:

Allergies to Foods, other (eggs, gelatin, yeast, thimerosal, neomycin, latex):

Are you pregnant?

Last Menstrual Period:

Immunization History: (Please attach copy of record or provide dates given)

**** Be sure to include the month, day, and year of each vaccine received (i.e. 08/29/88) ****

Hepatitis A

Polio

Hepatitis B

Rabies

Influenza

Tetanus (Td, Tdap, DTP, Dtap

Japanese Encephalitis B

Yellow Fever

Measles/Mumps/Rubella (MMR)

Varicella (chicken pox) or history of disease

Meningococcal

Typhoid

Please return this form within 1 week from the time you receive it to:

Clarke County Health Department
100 North Buckmarsh Street
Berryville, VA 22611
Office: 540-955-1033
Fax: 540-955-4094

Shenandoah County Health Department
494 North Main Street Suite 100
Woodstock, VA 22664
Office: 540-459-3733
Fax: 540-459-8267

Reviewed By: _____

Date: _____